

**APPENDIX G:**  
**Model Rights Notification**

**PARTICIPANT RIGHTS AND RESPONSIBILITIES**  
**For CIP 1A/1B/ BIW and CLTS**

**As an applicant/participant for a Medicaid Waiver Program, you have specific rights and responsibilities.**

**A. Applying for the Medicaid Waivers**

1. You have a right to be told about the Medicaid Waiver Programs and other programs that can help you to live at home. You have a right to be told about services and other types of assistance the Medicaid Waiver Programs can provide for you.
2. You have a right to apply for the Medicaid Waiver Programs. You have a right to not participate in the Medicaid Waiver Programs. Your refusal to participate in a Medicaid Waiver Program may lead to the loss of funds from other programs such as the Community Options Program (COP).
3. You have a right to a written answer to your application for a Medicaid Waiver Program within thirty (30) days after you apply for the Program; sooner if it is an emergency. The answer must say one of three things:
  - 1) Yes, you are eligible (approval);
  - 2) No, you are not eligible (denial) and why; or
  - 3) More information is needed (approval pending) and what information is needed.
4. If your application is denied, you have the right to file a grievance and/or file a state appeal. You have the right to be told how to file a grievance or appeal and the right to get help in doing so.

**B. Deciding what services you receive from the Medicaid Waivers**

1. If your application is approved, you have the right to have a qualified person complete an assessment of your needs. The assessment must be done within 45 days from the time you applied for the Medicaid Waiver Program (or sooner in an emergency).
2. You have the right to have your assessment include a process that invites you to share your opinions and preferences.

3. You have a right to have someone explain what your assessment includes. You have a right to a written copy of your assessment and any other reports in your case file if you ask for it.
4. You have the right to actively participate in creating the plan for services/assistance that will meet your assessed need(s). You have a right to invite friends, relatives or anyone else you choose to be a part of this process. If there are meetings held to create your plan you have a right attend these meetings. You have a right to lead these meetings and to have them occur at a time and place that is convenient for you.
5. You have a right to receive any help you need to understand and take part in planning and other meetings. This help might include interpreters, taped or Braille material or other communication aids.
6. You have a right to design your plan for services within certain Medicaid Waiver Program rules. This plan must say what problems or needs you have and what will be done to solve them. The plan must pay attention to what you choose. You have a right to a written copy of your plan if you ask for it.
7. You have a right to choose from whom you will receive services. The provider you choose must be qualified. You have the right to have all conflicts-of-interest involving service provision shared with you before you make the selection a service provider. You have the right to have assistance in finding qualified providers.
8. You have a right to disagree with your service plan. You have a right to ask the county to change the things with which you disagree. If you disagree with any decision that is made about your services, you have a right to file a grievance.

### **C. Receiving Medicaid Waiver Services**

1. You have a right to receive services if there is funding available and you are eligible.
2. If funding is not available, you have a right to be placed onto a waiting list for services. If you are told that you have to wait for Medicaid Waiver services, you have a right to know how the waiting list works, how many others are waiting before you and when the county thinks you will get services.
3. You have a right to know the amount, if any, that you will have to pay for services. You have the right to keep money that is yours (within Medicaid Waiver Program rules) and to spend it on what you want. You have the right

to be free from anyone expecting you to pay for services that Medicaid Waiver Program rules specify are free.

4. You have a right to have help from a Support/Service or case manager after you receive services. You have the right to have your Support/Service or case manager help to make sure that you are getting the services in your plan that they are of high quality, and that the services work well together. You have a right to meet with this person as often as necessary.
5. You have a right to a written notice, at least 10 days in advance, whenever your services are going to be reduced or stopped. You have a right to file a county grievance or state appeal if you disagree with the reduction or termination of services.
6. If you file a state appeal before the termination date stated in the termination notice you receive, you have a right to keep receiving the types and amounts of services until the appeal is decided.

#### **D. Other rights**

You have a number of rights specified in Wisconsin law (Wis. Stats. 46.27, 49.001, 50.09, 51.61 and 55.07). These include but are not limited to:

1. You have a right to be treated with dignity and respect. This includes the right to free association to see whom you want when you want unless a court order states otherwise.
2. You have a right to control your life and the services you get as much as you are able. Within Medicaid Waiver Program rules, you have the right to pick where you live, if you live alone or with others, and with which other people you will live.
3. You have a right not to be hurt or threatened. You have a right to be free from all restraints or forced to take drugs you do not want to take.
4. You have a right to privacy of all information that is said or written about you.
5. You have a right to see your file, have it corrected, and to get copies of reports in it.
6. You have a right to special equipment or services to help you to have an equal opportunity to benefit from Medicaid Waiver services.

7. You have a right to pick where in the State of Wisconsin you will live, and to have Medicaid Waiver funding follow you if you choose to move to another county.

#### **E. Right to Appeal**

1. You have a right to be told how to file a county grievance or state appeal. This includes being told what you can grieve or appeal, whom to contact, what the steps are and if there are time limits for filing the appeal.
2. You may get help with a county grievance or state appeal from your care manager or from:

The Board on Aging and Long Term Care  
Ombudsman Program  
1402 Pankratz Street, Suite 111  
Madison, Wisconsin 53704-4001  
1-800-815-0016 (toll-free, voice or TDD)

Persons with developmental disabilities or mental illness also may contact the agency below at the office nearest you:

The Wisconsin Coalition for Advocacy  
16 N. Carroll Street, Suite 400  
Madison, Wisconsin 53703  
(608) 267-0214 or 1-800-928-8778 (toll-free, voice, or TDD)

The Wisconsin Coalition for Advocacy  
2040 West Wisconsin Avenue, Suite 678  
Milwaukee, Wisconsin 53233  
(414) 342-8700 or 1-800-708-3034

#### **F. Applicant/ Participant Responsibilities**

There are specific responsibilities you must meet when you apply for or participate in the Medicaid Waiver Program. If you do not meet these responsibilities, you may become ineligible for the Medicaid Waiver Programs.

1. You must report changes in your finances, which may affect your eligibility or the amount of benefits, or services you receive. These changes might include an increase or decrease in your income or a change in the amount of assets you have.

2. You must report changes in your household circumstances, which might affect your eligibility for the amount of benefits, or services that you receive. These changes might include when you or any of your children reach age 18, when someone moves in or out of your household, when you get married, divorced or separated, become pregnant or have a baby.
3. You must report any change of address when you move.
4. You must notify the county of any private health insurance that you have and you must use your private insurance to pay your medical bills before these expenses are charged to Medicaid. You must also notify the county when you are no longer covered under private insurance.
5. You must notify the county when changes occur in your medical or remedial expenses. Changes may mean that your cost-share or spend down will increase or decrease. These changes might include when your doctor no longer feels it is necessary for you to purchase medicines or when you no longer need to pay for therapy you receive because your private insurance has begun to pay for it.
6. You are responsible to pay any cost-share that you are required to contribute toward the services that you receive and to make this payment on a monthly basis.
7. You must notify the county if you give assets to another person. This may affect your eligibility for Medicaid Waiver Programs.

\_\_\_\_\_  
Participant/guardian Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Support/Service coordinator Signature

Date \_\_\_\_\_

My signature indicates that I have been informed of and understand my rights and responsibilities under the Medicaid Waiver Programs. I have received this information verbally and in writing.